



## Application for Exemption from Attendance at School: participation in elite sporting event or an elite arts program

### Student Details

Family name: \_\_\_\_\_ Given name(s): \_\_\_\_\_

Age: \_\_\_\_\_ Date of birth: \_\_\_\_ (dd) / \_\_\_\_ (mm) / \_\_\_\_ (year)

Enrolment Register Number: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Postcode:

School name: **Port Macquarie Adventist School**

Date of exemption applied for: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Number of school days: \_\_\_\_ (*Please provide more detail below in Section C*)

**Reason for application for exemption:** Please tick (√) one of the following:

Participation in elite sporting event including for short periods of time i.e. for one or two days, and at short notice	
Participation in elite arts program	

**NOTE:** Where the reason for application for exemption includes travel

arrangements, copies of travel documentation should be included with the application as the school requires evidence of the student's travel.

**DETAILS OF PRIOR/CURRENT EXEMPTIONS (if applicable)**

Date of prior/current exemption from: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Number of school days\*: \_\_\_\_\_

Copy of prior/current Certificate of Exemption attached: (Please tick one box)

Yes  No

**PARENT/CARER DETAILS**

Family name: \_\_\_\_\_ Given name(s): \_\_\_\_\_

Address:

\_\_\_\_\_

\_\_\_\_\_ Postcode:

\_\_\_\_\_

Telephone number: \_\_\_\_\_ Relationship to student:

\_\_\_\_\_

As the parent/carer of the above mentioned student, I hereby apply for a Certificate of Exemption from attendance at school, under the *Education Act 1990*. I understand that if the exemption is granted:

- I am responsible for his/her supervision during the period of exemption
- the exemption is limited to the period indicated
- the exemption is subject to the conditions listed on the Certificate of Exemption
- the exemption may be cancelled at any time.

I declare the information provided in this application for a certificate of exemption is to the best of my knowledge and belief accurate and complete. I recognise that should statements in this application later prove to be false or misleading any decision made as a result of this application may be reversed. I further recognise that a failure to comply with any condition set out in the exemption may result in the exemption being revoked.

Signature of applicant/s:

\_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**\*Please note:** if the number of school days requested in this application exceeds 100 or the total takes the student over 100 school days in a 12 month period, the Attachment for Exemptions over 100 school days must be completed in addition to this document and both documents forwarded to Douglas Melrose-Rae, Division Head: Education Regulations and Program Implementation at [DMelrose-rae@aisnsw.edu.au](mailto:DMelrose-rae@aisnsw.edu.au). The AIS will check the documents and forward to the Department of Education's Delegate for approval.

Name of elite arts or elite sports program:

\_\_\_\_\_

**A** Period of exemption applied for (if block): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Number of school days\*: \_\_\_\_\_

**B** Individual dates applied for:

\_\_\_\_\_

Number of school days\*: \_\_\_\_\_

**C** Hours of exemption (*if partial exemption, e.g. 9:00 am – 11:30 am*)

From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**REASON FOR EXEMPTION:** (Please tick one box)

Training for elite sport  Elite sport event or tour  Elite arts program

Please provide more detail about the reason for the application for exemption here:

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**Note:** A schedule of participation, training or tour itinerary from the arts body or sporting body (e.g. Australian Institute of Sport) must be attached with contact names and numbers.



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